

<div>ORDER FOR SUPPLIES OR SERVICES</div> <div>(Contractor must submit four copies of invoice.)</div>						<div>Form Approved</div> <div>OMB No. 0704-0187</div> <div>Expires Jun 30, 1997</div>		<div>PAGE 1 OF</div> <div>2</div>													
<div>Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.</div> <div>PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES.</div> <div>SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.</div>																					
1. CONTRACT/PURCH ORDER NO. SP0700-99-D-9710			2. DELIVERY ORDER NO. 1194		3. DATE OF ORDER (YYMMDD) 2004 SEP 30		4. REQUISITION/PURCH REQUEST NO. YPC04274000627		5. PRIORITY												
6. ISSUED BY DEFENSE SUPPLY CENTER COLUMBUS P.O. Box 3990 Columbus, OH 43218-3990				7. ADMINISTERED BY (If other than 6) S0513A		8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER (See Schedule if other)															
9. CONTRACTOR MEGGITT WESTERN DESIGN INC. DBA WESTERN DESIGN 16952 MILLIKAN AVE IRVINE CA 92606-5045			FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD)		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED		12. DISCOUNT TERMS I/A/W/ BASIC CONTRACT												
14. SHIP TO DO NOT SHIP TO ADDRESSES ON THIS PAGE SEE FOLLOWING PAGE SHIPPING ADDRESSES ARE SHOWN UNDER LINE ITEM			15. PAYMENT WILL BE MADE BY DFAS COLUMBUS CENTER WEST ENTITLEMENT OPERATIONS P O BOX 182381 PH 1-800-552-7671 COLUMBUS, OH 43218-2381		13. MAIL INVOICES TO SEE BLOCK 15		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER														
16. TYPE OF ORDER <table><tr><td>DELIVERY</td><td><input checked="" type="checkbox"/></td><td rowspan="2">This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your _____ and furnish the following on terms specified herein. ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.</td></tr><tr><td>PURCHASE</td><td><input type="checkbox"/></td></tr></table>										DELIVERY	<input checked="" type="checkbox"/>	This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your _____ and furnish the following on terms specified herein. ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.	PURCHASE	<input type="checkbox"/>							
DELIVERY	<input checked="" type="checkbox"/>	This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your _____ and furnish the following on terms specified herein. ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.																			
PURCHASE	<input type="checkbox"/>																				
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE CG: 97X4930 5CC0 001 26.0 S33150																					
<table><tr><td>18. ITEM NO.</td><td>19. SCHEDULE OF SUPPLIES/SERVICE</td><td>20. QUANTITY ORDERED/ACCEPTED*</td><td>21. UNIT</td><td>22. UNIT PRICE</td><td>23. AMOUNT</td></tr><tr><td></td><td>Remarks: Terms and conditions are in accordance with Basic Contract.</td><td></td><td></td><td></td><td></td></tr></table>										18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT		Remarks: Terms and conditions are in accordance with Basic Contract.				
18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT																
	Remarks: Terms and conditions are in accordance with Basic Contract.																				
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.		24. UNITED STATES OF AMERICA BY: POPS Auto Award CONTRACTING/ORDERING OFFICER				25. TOTAL \$ 3061.20															
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____		27. SHIP. NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		28. D.O. VOUCHER NO.		29. DIFFERENCE															
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____		31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		30. INITIALS															
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYMMDD)		33. AMOUNT VERIFIED CORRECT FOR															
						34. CHECK NUMBER															
						35. BILL OF LADING NO.															
40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.																	

CONTINUATION SHEET

Order Number:

SP0700-99-D-9710 1194

PAGE OF PAGES

2

2

SECTION B

ITEM DESCRIPTION NOT INCLUDED

Admin Location Code 512

6146922294 Post Award Administrator LINDA MCARTOR

P/N 007233-1 Manufacturer's CAGE - 59027

<u>ITEM</u>		<u>QTY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
7201	PR YPC04274000627	12	EA	255.10	3061.20
	NSN 1005-01-204-6039				

QTY VARIANCE: PLUS 0% MINUS 0%

INSPECTION POINT: ORIG

ACCEPTANCE POINT: ORIG

DELIVERY FOB: ORIGIN BY: 2005 APR 28

PARCEL POST ADDRESS:

DEF DIST DEP CORPUS CHRISTI DDCT-S

540 FIRST STREET SE

CORPUS CHRISTI TX 784195255

FREIGHT ADDRESS:

SW3222

DEF DIST DEP CORPUS CHRISTI DDCT-SO

540 FIRST STREET SE BLDG 1846

TO PH 361-961-2500 OR DSN 861-2500

CORPUS CHRISTI, TX 78419-5255

M/F: (TCN) STOCK BUY RQMT

RDD: 15-JAN-05 PROJ:

END OF AWARD